

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96  
GSA No. 0246-EPA-OT

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED  
Date Received  
(For Official Use Only)  
SEP 12 1997

IOWA SECTION

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete item C)

### C. Installation's EPA ID Number

I A D 0 0 0 8 1 9 1 1 0

## II. Name of Installation (Include company and specific site name)

S Q U A R E D C O M P A N Y

## III. Location of Installation (Physical address not P.O. Box or Route Number)

### Street

3 7 0 0 6 t h S T S W

### Street (Continued)

### City or Town

C E D A R R A P I D S

### State

I A

### Zip Code

5 2 4 0 6 - 3 0 6 9

### County Code

L I N N

### County Name

## IV. Installation Mailing Address (See Instructions)

### Street or P.O. Box

P O B O X 3 0 6 9

### City or Town

C E D A R R A P I D S

### State

I A

### Zip Code

5 2 4 0 6 - 3 0 6 9

## V. Installation Contact (Person to be contacted regarding waste activities at site)

### Name (Last)

J E N S E N

### (First)

J A M E S

### Job Title

S H E M A N A G E R

### Phone Number (Area Code and Number)

3 1 9 - 3 6 9 - 6 4 3 3

## VI. Installation Contact Address (See Instructions)

### A. Contract Address Location Mailing Other

☒ ☐ ☐

### B. Street or P.O. Box

### City or Town

## VII. Ownership (See Instructions)

### A. Name of Installation's Legal Owner

S Q U A R E D C O M P A N Y

### Street, P.O. Box, or Route Number

1 4 1 5 S R O S E L L E R D

### City or Town

P A L A T I N E

### State

I L

### Zip Code

6 0 0 6 7 -

### Phone Number (Area Code and Number)

8 4 7 - 3 9 7 - 2 6 1 0

### B. Land Type

P

### C. Owner Type

P

### D. Change of Owner Indicator

Yes ☐

No ☒

### (Date Changed)

Month Day Year



R00065984  
RCRA Records Center

RCRIS data entered  
BY TC 000 ANRP/SEE  
ON 9/15/97



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ID - For Official Use Only																									
<b>VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)</b>																									
<b>A. Hazardous Waste Activity</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Referral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p> </div> </div>	<b>B. Used Oil Recycling Activities</b>  <p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>																								
<b>IX. Description of Hazardous Wastes (Use additional sheets if necessary)</b>																									
<b>A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)</b>																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1. Ignitable (D001)</td> <td style="width: 15%;">2. Corrosive (D002)</td> <td style="width: 15%;">3. Reactive (D003)</td> <td style="width: 15%;">4. Toxicity Characteristic (D004)</td> <td style="width: 40%;">D 0 0 8 (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td> <div style="display: flex; justify-content: space-between;"> <div>D 0 1 8</div> <div>D 0 0 9</div> <div>D 0 3 9</div> <div>D 0 4 0</div> </div> </td> </tr> </table>		1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D004)	D 0 0 8 (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> <div>D 0 1 8</div> <div>D 0 0 9</div> <div>D 0 3 9</div> <div>D 0 4 0</div> </div>														
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<b>X. Certification</b>																									
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>																									
Signature	Name and Official Title (Type or print)	Date Signed																							
Richard T. Black	Richard T. Black - Manager	9/8/97																							
<b>XI. Comments</b>																									
<p>Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)</p>																									



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IOWA SECTION

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

I A D 0 0 0 8 1 9 1 1 0

## II. Name of Installation (Include company and specific site name)

S Q U A R E D C O M P A N Y

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 7 0 0 6 t h S T S W

Street (Continued)

City or Town

C E D A R R A P I D S

State

Zip Code

I A

5 2 4 0 6 - 3 0 6 9

County Code

County Name

L I N N

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P O B O X 3 0 6 9

City or Town

C E D A R R A P I D S

State

Zip Code

I A

5 2 4 0 6 - 3 0 6 9

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

J E N S E N

(First)

J A M E S

Job Title

S H E M A N A G E R

Phone Number (Area Code and Number)

3 1 9 - 3 6 9 - 6 4 3 3

## VI. Installation Contact Address (See instructions)

A. Contract Address  
Location Mailing Other
☒

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

S Q U A R E D C O M P A N Y

Street, P.O. Box, or Route Number

1 4 1 5 S R O S E L L E R D

City or Town

P A L A T I N E

State

Zip Code

I L

6 0 0 6 7 -

Phone Number (Area Code and Number)

8 4 7 - 3 9 7 - 2 6 1 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

Day

Year



## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒
- D 0 0 8
- D 0 1 8 D 0 0 9 D 0 3 9 D 0 4 0

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 3					
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Richard J. Blank Jr.

Name and Official Title (Type or print)

Richard J. Blank Jr. Plant Manager

Date Signed

9/8/97

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





**SQUARE D COMPANY**  
**GROUPE SCHNEIDER**

DISTRIBUTION EQUIPMENT BUSINESS  
BOX 3069 - 3700 SIXTH STREET S.W., CEDAR RAPIDS, IA 52406-3069  
PHONE 319-365-4631 FAX 319-369-6600

September 8, 1997

U.S. EPA Region 7  
RCRA Branch/Iowa Section  
726 Minnesota Ave.  
Kansas City, KS 66101

Dear Sirs:

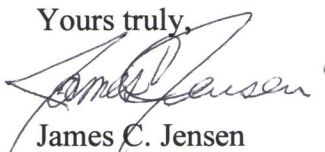
Enclosed you will find an updated Notification of Regulated Waste Activity form. We have made a few changes from our last notification. These changes are as follows:

1. We have eliminated the plating operations from this facility and no longer produce an F006 waste.
2. With the elimination of plating we have reduced the amount of hazardous waste we generate to less than 2,200 pounds per month.
3. The four hazardous wastes we generate, florescent tubes, Safety Kleen solvent and filters, Xylene and Xylene soaked rags have profiles that show that the waste contain contaminates that have toxicity characteristics.

Florescent Tubes D009  
Safety Kleen Product D039, D018, D040, D008  
Xylene and Xylene Soaked Rags F003, D001, D018

If you have questions or you need more information, please contact me at 319/369-6433.

Yours truly,



James C. Jensen  
Manager, Safety/Health/Environmental